

PERSONAL FINANCIAL DISCLOSURE FORM

992494

FULL NAME <i>Belinda Ruth Alexandrakou</i>	SPOUSE'S FULL NAME <i>NA</i>
RESIDENCE ADDRESS <i>205 Darden Rd Lafayette, LA 70508</i>	
SPOUSE'S OCCUPATION (if any) <i>NA</i>	
SPOUSE'S PRINCIPAL BUSINESS ADDRESS (if any) <i>NA</i>	

This report covers calendar year 1998.Check if Amended Report ☐

NOTE: Where amounts are required herein, indicate such amounts by use of one of the following categories:

- I - less than \$5,000;
- II - \$5,000 to \$24,999;
- III - \$25,000 to \$49,999;
- IV - \$50,000 to \$99,999;
- V - \$100,000 to \$199,999;
- VI - \$200,000 or more.

Use as many pages of each section of the form as are required. Machine copies of the form's pages may be used. Complete all sections (if not applicable, so indicate). Please type or print.

AFFIDAVIT

I do hereby certify, after having been first duly sworn, that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge, information and belief.

Belinda Alexandrakou
PERSON FILING REPORT

Sworn to and subscribed before me this 7 day of September, 1999.

*Rec'd 9/7/99
9:35 am CRU*

Shari M. Morris
NOTARY PUBLIC

A. POSITIONS

The name, address of, position in, and amount of interest in each business in which you or your spouse (either individually or collectively) were a director, officer, partner, member, or trustee during the calendar year. (NOTE: For purposes of this section "business" is defined as any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.)

INDIVIDUAL, SPOUSE, OR BOTH	FULL NAME AND ADDRESS OF BUSINESS	POSITION	AMOUNT
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Nikola Foundation 1004 Pinthurst Dr Pineville, LA 71360	Executive Director	Volunteer
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH			
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH			
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH			

B. BUSINESS INTERESTS

The name, address, and amount of interest in each business with which your sole relationship during the calendar year was as an owner of an interest in excess of 10% held by you or your spouse (either individually or collectively). (NOTE: For purposes of this section "business" is defined as any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.)

INDIVIDUAL, SPOUSE, OR BOTH	FULL NAME AND ADDRESS OF BUSINESS	AMOUNT
____ INDIVIDUAL ____ SPOUSE ____ BOTH		
____ INDIVIDUAL ____ SPOUSE ____ BOTH		
____ INDIVIDUAL ____ SPOUSE ____ BOTH		
____ INDIVIDUAL ____ SPOUSE ____ BOTH		
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____ INDIVIDUAL ____ SPOUSE ____ BOTH		
____ INDIVIDUAL ____ SPOUSE ____ BOTH		
____ INDIVIDUAL ____ SPOUSE ____ BOTH		

C. INCOME

The name, address, type, and amount of each source of income in excess of \$1,000 received by you or your spouse (either individually or collectively) during the calendar year. "Income" means any income from whatever source derived, including but not limited to the following types: compensation for services, including fees, salaries, commissions, and similar items; income derived from business; gains derived from dealings in property; interest; rents; royalties; dividends; annuities; income from life insurance and endowment contracts; pensions; income from discharge of indebtedness; distributive share of partnership income; and income from interest in an estate or trust. For income from compensation, give a very brief description of the services rendered. For income from mental health, medical health, or legal services, if the disclosure of the source of the income would reveal the identity of a patient or client, then either mental health, medical health, or legal services should be given as the source.

INDIVIDUAL, SPOUSE, OR BOTH	NAME AND ADDRESS OF SOURCE OF INCOME	TYPE	AMOUNT	DESCRIPTION OF SERVICES
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Learning Unlimited Abington Ave Baton Rouge, LA	Education	\$14,000/yr TH	Education
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	GROVES LAW FIRM 758 St Charles St Baton Rouge, LA	Law	\$12,000/yr TH	Paralegal
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D. REAL ESTATE HOLDINGS

The address and a short description (i.e., size, use of land) of each parcel of real property having a fair market value in excess of \$2,000 in which you or your spouse (either individually or collectively) had an interest during the calendar year.

INDIVIDUAL, SPOUSE, OR BOTH	ADDRESS OF REAL PROPERTY	DESCRIPTION
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	205 Garden Rd Lafayette, LA 70508	Home
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		

E. TRANSACTIONS

A brief description, the date, and amount of each purchase, sale, exchange, donation, or gift, other acquisition or disposition, in excess of \$1,000, by you or your spouse (either individually or collectively) during the calendar year in any real property, and of any stocks, bonds, commodities futures, or other forms of securities, including but not limited to, any option to acquire and/or dispose of any stocks, bonds, commodities futures, other forms of securities, negotiable instruments, movable or immovable property, or any other interest.

INDIVIDUAL, SPOUSE, OR BOTH	DESCRIPTION	DATE	AMOUNT
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Ford Probe	1988	1
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH			
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F. LIABILITIES

The name, address, and amount of each liability in excess of \$10,000 owed to any creditor by you or your spouse (either individually or collectively) during the calendar year. (NOTE: Exclude any loan secured by a personal motor vehicle, household furniture, or appliances if such loan does not exceed the purchase price of the item that secures it.)

INDIVIDUAL, SPOUSE, OR BOTH	FULL NAME AND ADDRESS OF CREDITOR	AMOUNT
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Century Mortgage Co. 665 Avenue 2, C.A.	1K
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
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